



FORM  
GD1  
(Rev. 5/2013)



# HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

13 OCT 31 P3:34

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

## FILER

Kent

Last Name

Elizabeth

First Name

STATE OF HAWAII  
STATE ETHICS COMMISSION

M.I.

Hawaii Judiciary's Center for ADR

State Agency

Director

State Position

## CONTACT INFORMATION

417 S. King Street, Room 207

Aliiolani Hale

Number and Street or P.O. Box

Honolulu

City

HI

State

96813

Zip Code

539-4238

Telephone

Extension

elizabeth.r.kent@courts.hawaii.gov

Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Uniform Law Commission Date Received: pndg-sent 28 Oct  
Gift (Description): reimbursement for travel expenses to attend Value/Cost: ~\$1100
- Donor: family law arbitration drafting committee mtg Date Received: \_\_\_\_\_  
Gift (Description): in Chicago on Oct 25 - 26 (note: I am a Uniform Value/Cost: \_\_\_\_\_
- Donor: Law Commissioner for Hawaii; this board Date Received: \_\_\_\_\_  
Gift (Description): falls under the Dept. of the Atty General) Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

☐ Check here if additional sheets are attached

## FILER

Elizabeth Kent

Print Name of Filer (First M.I. Last)

10/31/2013

Date (m/d/yyyy)

☒ **CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.